



**ALL INDIA INSTITUTE OF MEDICAL SCIENCES, DEOGHAR-814152(INDIA)**  
(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान)  
(An Institution of National Importance under Ministry of Health & Family Welfare)  
भारतसरकार/ Government of India  
Website-www.aiimsdeoghar.edu.in

Application form for applying to the post of .....

Advertisement No:

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Post applied for:

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Affix here a  
recent  
passport  
size colour  
photograph

1. Name in block letters: -


2. Father/Husband 's Name in block letters: -


3. Permanent Address: -


State

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Pin

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**Address for communication: -**


State

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Pin

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**4. Contact Details: -**

Phone No. With STD Code:

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Mobile No.

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E-mail address:

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**5.****Date****Month****Year**

Date of Birth with documentary evidence

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Age as on 23/08/2025

**Year****Month****Day**

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**6. Are you**

By Birth

By Domicile

(a) A citizen of India by birth and or by domicile? (Tick the relevant column)

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(If citizen of India by domicile, attach documentary evidence)

**7. Are you a SC/ST/OBC Candidate? (Yes/No):**

If yes, mention the Category (attach documentary evidence) In case of OBC, the certificate should be issued by the Appropriate authority recently valid for appointment to the Post reserved under Govt. of India.

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**8. SEX (Tick the relevant)**

M

FM

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**9.Educational Qualification: -**

<b>Name of the Examination passed</b>	<b>Subject/ Discipline/ Specialty</b>	<b>University/ Institute/ College</b>	<b>Month &amp; Year of Passing final examination</b>	<b>Marks obtained (%)</b>	<b>Durati on of Course</b>	<b>No of attempts</b>

**10. Experience: -**

<b>Name of the organization/I institute, worked</b>	<b>Date of joining</b>	<b>Date of leaving</b>	<b>Name of the post</b>	<b>Whether on Ad hoc/ Contract/ Regular Basis</b>	<b>Nature of work (Teaching, Research or patient care)</b>	<b>Pay Band and present basic pay</b>

**11.Experience of Research work and available published material, if any, mention the details and enclose reprint thereof: -**

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12. Are you working in a Govt/Autonomous Institute?

13. If yes, please enclose No Objection Certificate from employer/Head of the Institute.

14. Demand Draft Details (No and Date with Bank Name): -

15. In your understanding, top 10 priority required areas for the development of Institute. -

16. Attach self-attested photocopies of the following certificates/documents in the order as mentioned below: -

1. Certificate in r/o date of birth.
2. Degree certificates of the qualification as mentioned in Sl. No. 9 of this application form.
3. Experience Certificate after completion of P.G. degree/Ph.D. as mentioned in Sl. No. 10 of this application form.
4. Caste Certificate (if applicable) issued by Govt. of India.
5. No Objection Certificate.

### **UNDERTAKING**

I solemnly affirm that the information furnished above is true and correct in all respects to the best of my knowledge. I have not concealed any information. I undertake that any information furnished herein, if found to be incorrect or false, I shall be liable for action as per rules in force.

Place

Signature of the Candidate

Date

Name of the Candidate in capitals

Email: -

Mobile no: -

- Candidates are advised to furnish valid e-mail id for further correspondence